COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

FAX: 886-2-2369 7233

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD FOR DETECTING DEFECT OF SEMICONDUCTOR DEVICE

Х	is attached hereto					
	was filed on					
	as Application Ser	ial No	and was amended on			
apı apı foro	ecification, including to acknowledge the plication in accordance I hereby claim fore plication(s) for pater	the claims, as amended e duty to disclose infor ce with Title 37, Code of eign priority benefits und at or inventor's certificatent or inventor's certi- ned:	nd understand the content by any amendment referred mation which is material to if Federal Regulations, § 1. Ider Title 35, United States Co ate listed below and have ficate having a filing date be	d to above. the patenta 56(a). code, § 119 o also identifie	ability of this of any foreigned below any	
	Number	Country	Date Filed(yyyy/mm/dd)	Yes	No	
	92122197	Taiwan, R.O.C.	2003/8/13		X	
traı	=	=))			
_	SEND CORRESPONDENCE TO:			DIRECT TELEPHONE CALLS TO: (Name and telephone number)		
		ellectual Property Off osevelt Rd., Sec. 2, ı. R.O.C.		la Lee		

COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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